

**OFFICER'S BATTERY REPORT**  
CHICAGO POLICE DEPARTMENT

RD NO. **HZ181485**

**INSTRUCTIONS:** This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

**"X APPLICABLE BOXES"**

OFFICER INFORMATION		INCIDENT INFORMATION	
NAME (LAST - FIRST - M.I.) <b>THEDFORD, CHRISTOPH A</b>		<input type="checkbox"/> 1. INDOOR <input checked="" type="checkbox"/> 2. OUTDOOR ADDRESS OF OCCURRENCE <b>5515 N NEENAH AVE</b> CITY <input checked="" type="checkbox"/> CHICAGO      STATE (if outside Chicago) <input type="checkbox"/>	
STAR NO. <b>14940</b>	POSITION <b>POLICE OFFICER</b>	LOCATION CODE <b>304-STREET</b>	BEAT OF OCCURRENCE <b>1613</b>
DATE OF APPOINTMENT <b>06-FEB-1995</b>	EMPLOYEE NO. [REDACTED]	DATE OF OCCURRENCE <b>10-MAR-2016</b>	TIME <b>05:45:00</b>
UNIT OF ASSIGNMENT <b>153</b>	BEAT/CALL NO. <b>4609</b>	DAY OF WEEK <b>THURSDAY</b>	
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE <b>WHITE</b>	NO. OF OFFICERS BATTERED <u>1</u>	
HEIGHT <b>511</b>	WEIGHT <b>160</b>	WERE THERE ASSISTING UNITS ON SCENE? 1. <input type="checkbox"/> YES   2. <input checked="" type="checkbox"/> NO	
IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS)? _____			
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED			
<input type="checkbox"/> 1. ON DUTY <input checked="" type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____		WORKING: <input type="checkbox"/> A. ALONE <input type="checkbox"/> B. WITH ONE PARTNER <input type="checkbox"/> C. WITH MULTIPLE PARTNERS How many? _____ PATROL TYPE: <input type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input type="checkbox"/> F. OTHER	
<input checked="" type="checkbox"/> 2. OFF DUTY <input type="checkbox"/> 3. SPECIAL EMPLOYMENT <input type="checkbox"/> 4. SECONDARY / OTHER		<input type="checkbox"/> 01. SHOT <input type="checkbox"/> 02. SHOT AT <input type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT) <input checked="" type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT) <input type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS)	
MANNER OF ATTACK			
(Check all that apply): <input type="checkbox"/> A. FIREARM CALIBER _____ <input type="checkbox"/> 1. REVOLVER <input type="checkbox"/> 2. SEMI-AUTOMATIC <input type="checkbox"/> 3. RIFLE <input type="checkbox"/> 4. SHOTGUN <input type="checkbox"/> D. HANDS/FISTS <input type="checkbox"/> E. FEET <input type="checkbox"/> F. MOUTH (SPIT, BITE, ETC.) <input type="checkbox"/> G. VERBAL THREAT (ASSAULT) <input type="checkbox"/> H. OTHER (SPECIFY) _____			
TYPE OF WEAPON/THREAT			
(Check all that apply): <input type="checkbox"/> B. VEHICLE _____ <input type="checkbox"/> 1. OFFICER STRUCK WITH VEHICLE <input type="checkbox"/> 2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE <input type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT <input type="checkbox"/> I. BLUNT INSTRUMENT FIREARM USE INFORMATION      (Check all that apply): <input type="checkbox"/> A. OFFICER AT GUNPOINT <input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED <input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON			
OFFENDER INFORMATION			
SEX <input type="checkbox"/> 1. M <input checked="" type="checkbox"/> 2. F		RACE DOB CB NO.      I.R. NO.	
CHARGE _____		IUCR CODE _____	
J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify ORIGINAL CHARGE _____)		ORIGINAL IUCR CODE _____	
K. OTHER _____			
TYPE OF INJURY TO OFFICER		GANG RELATED?	
<input type="checkbox"/> A. FATAL <input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/ Internal Injuries) <input checked="" type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input type="checkbox"/> D. NONE APPARENT/NONE		<input type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO <input checked="" type="checkbox"/> 3. UNKNOWN	
NO. OF OFFENDERS PRESENT? <u>2</u>			
LIGHTING CONDITIONS AT INCIDENT		WEATHER CONDITIONS	
<input type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> B. NIGHT <input checked="" type="checkbox"/> C. DAWN		<input type="checkbox"/> D. DUSK <input type="checkbox"/> E. ARTIFICIAL LIGHT 1. POOR      2. GOOD	
		<input checked="" type="checkbox"/> A. CLEAR <input type="checkbox"/> B. RAIN <input type="checkbox"/> C. SNOW	
		<input type="checkbox"/> D. FOG / SMOKE / HAZE <input type="checkbox"/> E. SLEET / HAIL <input type="checkbox"/> F. SEVERE CROSS WIND	
G. OTHER			
APPROXIMATE OUTDOOR TEMPERATURE: <b>48°F</b> LOG# <b>1079144</b>			

**Unusual Circumstances Regarding Officer Control Tactics and Safety: (If you need more space use additional sheets).**

REPORTING MEMBER - SIGNATURE  
**THEDFORD, CHRISTOPH A**

STAR NO.  
**14940**

WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.  
**STAPLES, MELISSA A**

**419**